

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0000	INITIAL COMMENT	Q 0000			
Q 0181	This report is the result of a full Medicare recertification survey conducted on July 7, 2023, at Capital Surgery and Laser Center. It was determined the facility was in substantial compliance with the requirements of 42 CFR, Title 42, Part 416 - Conditions for Coverage for Ambulatory Surgical Centers.	Q 0181			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0181	Continued from page 1 416.48(a) ADMINISTRATION OF DRUGS Drugs must be prepared and administered according to established policies and acceptable standards of practice. This REQUIREMENT is not met as evidenced by:	Q 0181	Safe Injection Policy 213 was revised. Medication Usage and Control Policy 109 was revised. Monitoring and Education: The administrator will inform staff of the surveyor's observations relating to standards of drug administration. Education will be provided to all appropriate clinical staff regarding Policy #109 Medication Usage and Control and Policy 213 Safe Injection. Once 100% compliance of staff education is achieved, audits and continued education will be conducted on an as needed basis. The administrator will provide findings from the survey, corrective actions and results to the Governing Board, Patient Safety Committee and QAPI Committee.	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0181	<p>Continued from page 2</p> <p>Based on review of facility documents, observation, and employee (EMP) interview it was determined the facility failed to ensure syringes with medication were properly labeled.</p> <p>Findings Include:</p> <p>On April 25, 2023, review of facility policy "Safe Injection Policy" does not address proper syringe labeling per state/federal regulations.</p> <p>On July 7, 2023, review of facility policy 109 "Medication Usage and Control" last approved July 16, 2020, revealed "Purpose: To establish a system for the use and control of medications used within Capital Surgery and Laser Center ... Procedure: 16. All injectable medications drawn in to syringes or oral medications removed from the original packaging will be labeled appropriately if not administered immediately.</p> <p>Observation on July 7, 2023, in operating room (OR) one (1) on top of the anesthesia cart, a syringe</p>	Q 0181			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0181	Continued from page 3 was noted to be filled with a clear liquid medication and had a blue label that said Fentanyl. The blue label did not identify the date, time of draw, initials of person drawing, or strength of medication. Observation on July 7, 2023, in operating room (OR) one (1) on top of the anesthesia cart, a syringe was noted to be filled with a white liquid medication but did not have any label or identifying information on it. Interview with EMP1 on July 7, 2023, EMP1 confirmed both syringes were not labeled correctly, and the facility policy was not followed.	Q 0181			
Q 0241		Q 0241			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0241	Continued from page 4 416.51(a) SANITARY ENVIRONMENT The ASC must provide a functional and sanitary environment for the provision of surgical services by adhering to professionally acceptable standards of practice. This REQUIREMENT is not met as evidenced by:	Q 0241	Policy 215 Cleaning and sterilizing of instruments was revised. Additional hand washing stations have been created throughout the surgery center. Monitoring and Education: The administrator informed staff of the surveyor's observations relating to standards of a sanitary environment. All appropriate staff will be educated on the standards of a sanitary environment and educated on our center's policies to include 202, 207.1, 211 and 215. Once 100% compliance of staff education is achieved, audits and education will be conducted on an as needed basis. The administrator will provide findings from the survey, corrective actions and results to the Governing Board, Patient Safety Committee and	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	

Q 0241	Continued from page 5	Q 0241	QAPI Committee.	
--------	-----------------------	--------	-----------------	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0241	Continued from page 6 Based on review of facility documents, observation, and employee (EMP) interview it was determined the facility failed to ensure a sanitary environment was maintained by adhering to professionally acceptable standards of practice. Findings include: On July 7, 2023, review of facility policy "Infection Prevention and Control Plan" last approved January 11, 2023, revealed "Use of Standard Precautions and Personnel Protective Equipment (PPE) We treat all patients as if they were 'high risk' for infectious diseases. As well as the above two when dealing with any care task our patients with also follow our Clinical Policy - 201 (Blood Borne Pathogens) - this policy follows guidelines of Standard Precautions and the use of PPE by all employees during any care tasks with patients at CSLC (Capital Surgery and Laser Center). Staff are required to wear protective eyewear, mask, gown and gloves when performing any care task with patients."	Q 0241			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0241	<p>Continued from page 7</p> <p>1. Observation on July 7, 2023, of EMP2 in postoperative area did not don gloves prior to coming into contact with gauze that was soiled with bodily fluids and assisted a fresh post-op patient without wearing gloves on or near incision site.</p> <p>2. Observation on July 7, 2023, of EMP3 in postoperative area did not don gloves prior to coming in contact with gauze that was soiled with bodily fluids.</p> <p>Interview with EMP1 on July 7, 2023, EMP1 confirmed EMP2 and EMP3 did not follow facility policy.</p> <p>-----</p> <p>On July 7, 2023, review of facility Infection Prevention and Control Plan last approved January 11, 2023, revealed "Cleaning and Sterilizing of Non-Intraocular Instruments - All non-intraocular instruments used at CSLC are placed in a bin in of</p>	Q 0241			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0241	Continued from page 8 RO water and enzymatic detergent for ten to twenty minutes per Instructions for Use (IFU) of the manufacturer." Interview with EMP1 on July 7, 2023, EMP1 confirmed EMP4 and EMP5 are responsible for cleaning and sterilizing all Intraocular instruments and Non-Intraocular instruments. Interview with EMP4 and EMP5 on July 7, 2023, EMP4 and EMP 5 confirmed they were not sure of how much enzymatic cleaner the manufacturer required for cleaning non intraocular instruments.	Q 0241			
Q 0264		Q 0264			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0264	Continued from page 9 416.52(b) POST-SURGICAL ASSESSMENT (1) The patient's post-surgical condition must be assessed and documented in the medical record by a physician, other qualified practitioner, or a registered nurse with, at a minimum, post-operative care experience in accordance with applicable State health and safety laws, standards of practice, and ASC policy. (2) Post-surgical needs must be addressed and included in the discharge notes. This REQUIREMENT is not met as evidenced by:	Q 0264	Policy 307 was revised. Additional thermometers were purchased for our facility on 7/10/23. Monitoring and Education: The administrator informed staff of the surveyor's observations relating to patients post-surgical conditions. Education will be provided to all appropriate staff regarding discharge criteria standards. Education regarding changes to our center's policy 307 will be provided to all appropriate staff. Once 100% compliance of staff education is achieved, audits and education will be conducted on an as needed basis. The administrator will provide findings from the survey, corrective actions and results to the Governing Board, Patient Safety Committee and QAPI Committee.	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0264	Continued from page 10 Based on review of facility documents, medical records (MR), and employee (EMP) interview it was determined the facility failed to follow established policy to ensure patients post-surgical conditions were assessed prior to discharge for five of ten medical records reviewed (MR1, MR2, MR7, MR8, MR9). Findings Include: On July 7, 2023, review of facility policy 307 "Discharge Criteria" effective date November 21, 2012 revealed " Purpose: This policy establishes guidelines for discharging patients from the Center. Policy: 1. Vital signs are stable." On July 7, 2023, review of MR1 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge. On July 7, 2023, review of MR2 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge.	Q 0264			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
Q 0264	Continued from page 11 On July 7, 2023, review of MR7 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge. On July 7, 2023, review of MR8 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge. On July 7, 2023, review of MR9 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge. Interview with EMP1 on July 7, 2023, EMP1 confirmed the temperature was not assessed prior to discharge on the MR noted above.	Q 0264			

[illegible]

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 3250	Continued from page 1 553.25 (1-6) Discharge Criteria 553.25 Discharge Criteria A patient may only be discharged from an ASF if the following physical status criteria are met: (1) Vital signs. Blood pressure, heart rate, temperature and respiratory rate are within the normal range for the patient's age or at preoperative levels for that patient. (2) Activity. The patient has regained preoperative mobility without assistance or syncope, or function at his usual level considering limitations imposed by the surgical procedure. (3) Mental status. The patient is awake, alert or functions at his preoperative mental status. (4) Pain. The patient's pain can be effectively controlled with medication. (5) Bleeding. Bleeding is controlled and consistent with that expected from the surgical procedure. (6) Nausea/vomiting. Minimal nausea or vomiting is controlled and consistent with that expected from the surgical procedure. This REGULATION is not met as evidenced by:	S 3250	Policy 307 was revised. Additional thermometers were purchased for our facility on 7/10/23. Monitoring and Education: The administrator informed staff of the surveyor's observations relating to patients post-surgical conditions. Education will be provided to all appropriate staff regarding discharge criteria standards. Education regarding changes to our center's policy 307 will be provided to all appropriate staff. Once 100% compliance of staff education is achieved, audits and education will be conducted on an as needed basis. The administrator will provide findings from the survey, corrective actions and results to the Governing Board, Patient Safety Committee and QAPI Committee.	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 3250	<p>Continued from page 2</p> <p>Based on review of facility documents, medical records (MR), and employee (EMP) interview it was determined the facility failed to ensure patients met required discharge criteria prior to discharge in five of ten medical records reviewed (MR1, MR2, MR7, MR8, MR9).</p> <p>Findings Include:</p> <p>On July 7, 2023, review of facility policy 307 "Discharge Criteria" effective date November 21, 2012, revealed " Purpose: This policy establishes guidelines for discharging patients from the Center. Policy: 1. Vital signs are stable."</p> <p>On July 7, 2023, review of MR1 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge.</p> <p>On July 7, 2023, review of MR2 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge.</p>	S 3250			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 3250	Continued from page 3 On July 7, 2023, review of MR7 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge. On July 7, 2023, review of MR8 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge. On July 7, 2023, review of MR9 revealed there was no evidence of documentation that MR1 had a temperature vital sign assessed prior to discharge. Interview with EMP1 on July 7, 2023, EMP1 confirmed the temperature was not assessed prior to discharge on the MR noted above.	S 3250			
S 551E		S 551E			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 551E	Continued from page 4 555.13 Administration of Drugs 555.13 Administration of drugs Drugs shall be administered only upon the proper order of a practitioner acting within the scope of the practitioner's license and authorized according to medical staff bylaws, rules and regulations. Drugs shall be administered directly by a practitioner qualified according to medical staff bylaws, rules and regulations or by a professional nurse or by a licensed practical nurse with pharmacy training. Physician assistants and certified registered nurse practitioners shall be permitted to administer drugs within their authorized scope of practice. Further policies on the administration of drugs shall be established by the medical staff in conjunction with pharmaceutical services or personnel. This REGULATION is not met as evidenced by:	S 551E	Safe Injection Policy 213 was revised. Medication Usage and Control Policy 109 was revised. Monitoring and Education: The administrator will inform staff of the surveyor's observations relating to standards of drug administration. Education will be provided to all appropriate clinical staff regarding Policy #109 Medication Usage and Control and Policy 213 Safe Injection. Once 100% compliance of staff education is achieved, audits and continued education will be conducted on an as needed basis. The administrator will provide findings from the survey, corrective actions and results to the Governing Board, Patient Safety Committee and QAPI Committee.	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 551E	<p>Continued from page 5</p> <p>Based on review of facility documents, observation, and employee (EMP) interview it was determined the facility failed to ensure syringes with medication were properly labeled.</p> <p>Findings Include:</p> <p>On April 25, 2023, review of facility policy "Safe Injection Policy" does not address proper syringe labeling per state/federal regulations.</p> <p>On July 7, 2023, review of facility policy 109 "Medication Usage and Control" last approved July 16, 2020, revealed "Purpose: To establish a system for the use and control of medications used within Capital Surgery and Laser Center ... Procedure: 16. All injectable medications drawn in to syringes or oral medications removed from the original packaging will be labeled appropriately if not administered immediately.</p> <p>Observation on July 7, 2023, in operating room (OR) one (1) on top of the anesthesia cart, a syringe</p>	S 551E			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 551E	Continued from page 6 was noted to be filled with a clear liquid medication and had a blue label that said Fentanyl. The blue label did not identify the date, time of draw, initials of person drawing, or strength of medication. Observation on July 7, 2023, in operating room (OR) one (1) on top of the anesthesia cart, a syringe was noted to be filled with a white liquid medication but did not have any label or identifying information on it. Interview with EMP1 on July 7, 2023, EMP1 confirmed both syringes were not labeled correctly, and the facility policy was not followed.	S 551E			
S 6701		S 6701			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6701	Continued from page 7 567.1 CHAPTER 567 - ENVIRONMENTAL SERVICES 567.1 Principle The ASF shall have a sanitary environment, properly constructed, equipped and maintained to protect surgical patients and ASF personnel from cross-infection and to protect the health and safety of patients. This REGULATION is not met as evidenced by:	S 6701	Policy 215 Cleaning and sterilizing of instruments was revised. Additional hand washing stations have been created throughout the surgery center. Monitoring and Education: The administrator informed staff of the surveyor's observations relating to standards of a sanitary environment. All appropriate staff will be educated on the standards of a sanitary environment and educated on our center's policies to include 202, 207.1, 211 and 215. Once 100% compliance of staff education is achieved, audits and education will be conducted on an as needed basis. The administrator will provide findings from the survey, corrective actions and results to the Governing Board, Patient Safety Committee and	Completion Date: 08/07/2023 Status: APPROVED Date: 07/25/2023	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6701	Continued from page 9 Based on review of facility documents, observation, and employee (EMP) interview it was determined the facility failed to ensure a sanitary environment was maintained by adhering to professionally acceptable standards of practice. Findings include: On July 7, 2023, review of facility policy "Infection Prevention and Control Plan" last approved January 11, 2023, revealed "Use of Standard Precautions and Personnel Protective Equipment (PPE) We treat all patients as if they were 'high risk' for infectious diseases. As well as the above two when dealing with any care task our patients with also follow our Clinical Policy - 201 (Blood Borne Pathogens) - this policy follows guidelines of Standard Precautions and the use of PPE by all employees during any care tasks with patients at CSLC (Capital Surgery and Laser Center). Staff are required to wear protective eyewear, mask, gown and gloves when performing any care task with patients."	S 6701			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6701	<p>Continued from page 10</p> <p>1. Observation on July 7, 2023, of EMP2 in postoperative area did not don gloves prior to coming into contact with gauze that was soiled with bodily fluids and assisted a fresh post-op patient without wearing gloves on or near incision site.</p> <p>2. Observation on July 7, 2023, of EMP3 in postoperative area did not don gloves prior to coming in contact with gauze that was soiled with bodily fluids.</p> <p>Interview with EMP1 on July 7, 2023, EMP1 confirmed EMP2 and EMP3 did not follow facility policy.</p> <p>-----</p> <p>On July 7, 2023, review of facility Infection Prevention and Control Plan last approved January 11, 2023, revealed "Cleaning and Sterilizing of Non-Intraocular Instruments - All non-intraocular instruments used at CSLC are placed in a bin in of</p>	S 6701			

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 39C0001305	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 07/07/2023
NAME OF PROVIDER OR SUPPLIER: CAPITAL SURGERY AND LASER CENTER, LLC STATE LICENSE NUMBER: 23651501		STREET ADDRESS, CITY, STATE, ZIP CODE: 10 CAPITAL DRIVE, SUITE 200 HARRISBURG, PA 17110			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
S 6701	Continued from page 11 RO water and enzymatic detergent for ten to twenty minutes per Instructions for Use (IFU) of the manufacturer." Interview with EMP1 on July 7, 2023, EMP1 confirmed EMP4 and EMP5 are responsible for cleaning and sterilizing all Intraocular instruments and Non-Intraocular instruments. Interview with EMP4 and EMP5 on July 7, 2023, EMP4 and EMP 5 confirmed they were not sure of how much enzymatic cleaner the manufacturer required for cleaning non intraocular instruments.	S 6701			



Certified End Page

CAPITAL SURGERY AND LASER CENTER, LLC

STATE LICENSE NUMBER: 23651501

SURVEY EXIT DATE: 07/07/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY